

# Exhibit 17

Nassau County



Police Department

## LONG GUN REVIEW RECORD

**WARNING:** You may not possess a firearm if prohibited by Federal or State law. The information you provide will be used to determine whether you are prohibited under law from possessing a firearm. Certain violations of the Gun Control Act, 18 U.S.C. Section 921 *et. seq.*, are punishable by up to 10 years imprisonment and/or up to a \$250,000 fine.

Under Penal Law 210.45, a person is guilty of making a punishable false written statement when that person knowingly makes a false statement, which he or she does not believe to be true, in a written instrument bearing a legally authorized form notice to the effect that false statements made therein are punishable.

CASE REPORT NUMBER:

LAST NAME <b>VALENTI</b>		FIRST NAME <b>FRANKIE</b>		MIDDLE NAME		MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	
NUMBER AND STREET ADDRESS <b>2394 NARRAGANSET AVENUE</b>				TOWN <b>SEAFORD</b>		STATE <b>NY</b>	ZIP CODE <b>11783</b>
BEST PHONE NUMBER TO CONTACT [REDACTED]	EMAIL ADDRESS <b>ntorczyner@</b>	PLACE OF BIRTH: U.S. CITY AND STATE <b>OR</b> FOREIGN COUNTRY <b>HK PLAWICKY BROOKLYN, NY</b>		SOCIAL SECURITY NUMBER [REDACTED]		BIRTH DATE [REDACTED]	

Answer the following questions by checking or marking "yes" or "no" in the boxes to the right of each question.

1a. Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1b. If so, what crime?	
2. Are you a subject of an Order of Protection or restraining order?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Has a court, board, commission, or other lawful authority ever determined you to be a danger to yourself or to others <b>OR</b> determined you to be incompetent to manage your own affairs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been committed to a psychiatric care facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever had a pistol permit suspended or revoked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted in any court of a misdemeanor crime of domestic violence?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7a. Are you a US citizen?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7b. If not, what is your country of citizenship?	

I request that my long gun be returned to me.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I plan to do the following with my long gun:	<input type="checkbox"/> retain <input type="checkbox"/> dispose of <input type="checkbox"/> sell <input type="checkbox"/> transfer

CERTIFICATION	
I certify that the above information is correct to the best of my knowledge.	
Signature 	Date <b>9/17/19</b>